COMPLAINT INVESTIGATION REPORT

Date Complaint Received	Region County
Name of Premises	Date Investigated / /
Location	Staff
	Type Premises:
Name of Owner	01 Private Residence (Rental Housing)
Address	 02 Private Residence (Other) 03 Food Service Establishment 04 Other Commercial Establishmen 05 School
Name of Complainant	06 Child Care Center 07 Nursing Home 08 Other Institution
Address	09 Camp 10 Mobile Home Park 11 Impounded Water 12 Other
Description and Remarks:	Type of Complaint:
	01 Improper Storage of Refuse 02 Rats 03 Mosquitos 04 Flies 05 Other Vector Problem 06 Sewage 07 Water 08 Weeds 09 Animals or Animal Pens 10 Other Action Taken: 1. Voluntary Correction 2. Written Notice Given 3. Court Action
	 4. Referral 5. None-No ordinance or No jurisdiction 6. Other
	Time Spent:
	Total Time

PH-1466

RDA 629